Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself								
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):						
1.	Your full name								
	Write the name that is on your government-issued picture identification (for	Kathleen First name	First name						
	example, your driver's license or passport).	Middle name	Middle name						
	Bring your picture identification to your meeting with the trustee.	Korsiak Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)						
2.	All other names you have used in the last 8 years	Kathleen V Korsiak							
	Include your married or maiden names.								
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1533							

Del	otor 1 Kathleen Korsiak		Case number (if known)				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live	1391 L Street	If Debtor 2 lives at a different address:				
		Elmont, NY 11003 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Nassau County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Deb	tor 1	Kathleen Korsiak					Case number (if known)			
Par	t 2:	Tell the Court About	our Bankr	uptcy Ca	se					
7.	Bank	chapter of the cruptcy Code you are sing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	01100	onig to the under	Chapte	er 7						
			☐ Chapte	er 11						
			☐ Chapte	er 12						
			☐ Chapte	er 13						
8.	How	you will pay the fee	abo orde a pr	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
					t the fee in installments e in Installments (Official		option, sign and attach the Application for Individuals	s to Pay		
			but app	is not req lies to you	uired to, waive your fee, a ur family size and you are	and may do so only is unable to pay the fe	otion only if you are filing for Chapter 7. By law, a jud if your income is less than 150% of the official pover see in installments). If you choose this option, you mu Official Form 103B) and file it with your petition.	ty line that		
9.		you filed for	■ No.							
		ruptcy within the 3 years?	☐ Yes.							
		,		District		When	Case number			
				District		When	Case number			
				District		When	Case number			
10.		iny bankruptcy	■ No							
	filed not fi you,	s pending or being by a spouse who is ling this case with or by a business ler, or by an ate?	☐ Yes.							
				Debtor			Relationship to you			
				District		When	Case number, if known			
				Debtor			Relationship to you			
				District		When	Case number, if known			
11.		ou rent your ence?	■ No.	Go to I	ne 12.					
	i c aiu	enee:	☐ Yes.	Has yo	ur landlord obtained an e	viction judgment ag	ainst you?			
					No. Go to line 12.					
					Yes. Fill out <i>Initial State</i> this bankruptcy petition.	ment About an Evict	ion Judgment Against You (Form 101A) and file it as	part of		

Deb	tor 1 Kathleen Korsiak				Case number (if known)				
Par	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.					
		☐ Yes.	Yes. Name and location of business						
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code				
	it to this petition.		Chec	k the appropriate bo	x to describe your business:				
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))				
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))				
				None of the above	9				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).							
	For a definition of small	■ No.	I am not filing under Chapter 11.						
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.						
		Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the							
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.							
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?					
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?					
					Number, Street, City, State & Zip Code				

Debtor 1 Kathleen Korsiak Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1	Kathleen Korsiak				Case number (if	known)			
Par	t 6:	Answer These Quest	ons for Re	porting Purposes						
		kind of debts do		Are your debts primarily consuluindividual primarily for a personal,			in 11 U.S.C. § 101(8) as "incurred by an			
	-			□ No. Go to line 16b.						
				Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
				☐ No. Go to line 16c.						
				☐ Yes. Go to line 17.						
			16c.	State the type of debts you owe th	nat are not consumer d	ebts or business de	ebts			
17.		ou filing under ter 7?	□ No.	I am not filing under Chapter 7. G	o to line 18.					
	after prope	ou estimate that any exempt erty is excluded and		I am filing under Chapter 7. Do yo are paid that funds will be availab			is excluded and administrative expenses			
		nistrative expenses aid that funds will		■ No						
	be available for distribution to unsecured creditors?			□ Yes						
18.	How many Creditors do		1 -49		1 ,000-5,000		2 5,001-50,000			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		☐ 50,001-100,000				
			☐ 100-19 ☐ 200-99		□ 10,001-25,000		☐ More than100,000			
19.		How much do you		0,000	\$1,000,001 - \$10	million	☐ \$500,000,001 - \$1 billion			
	be wo	ate your assets to orth?		1 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
				01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million		☐ More than \$50 billion			
20.		much do you	□ \$0 - \$5		□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion			
	to be	ate your liabilities ?		01 - \$100,000 01 - \$500,000						
			_	01 - \$1 million	☐ \$100,000,001 - \$100 million ☐ More than \$50 billion					
Par	t 7:	Sign Below								
For	you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
				nosen to file under Chapter 7, I an ites Code. I understand the relief a			der Chapter 7, 11,12, or 13 of title 11, se to proceed under Chapter 7.			
				ney represents me and I did not pa , I have obtained and read the not			attorney to help me fill out this			
			I request r	elief in accordance with the chapt	er of title 11, United Sta	ates Code, specifie	ed in this petition.			
			I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
			Kathleer	een Korsiak n Korsiak of Debtor 1	Sigr	nature of Debtor 2				
			Executed	on June 3, 2019 MM / DD / YYYY	Exe	cuted on MM / D	D/YYYY			

Debtor 1 Kathleen Korsiak	:	Cas	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unite	ed States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	,	eledge after an inquiry that the information in the	
	/s/ Donald Neidhardt	Date	June 3, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	Donald Neidhardt		
	Printed name		
	Neidhardt Law		
	Firm name		
	3579 Bayview Street		
	Seaford, NY 11783		
	Number, Street, City, State & ZIP Code		-
	Contact phone (516) 809-7900	Email address	info@neidhardt.law
	Bar number & State		

Fill	in this information to identify you	r case:				
Del	otor 1 Kathleen Korsia	ık				
Dok	First Name	Middle Name	Last Name			
	ouse if, filing) First Name	Middle Name	Last Name			
Uni	ted States Bankruptcy Court for the:	EASTERN DISTRIC	T OF NEW YORK			
(if kn	nown)				_	t if this is an ded filing
					amon	aoa ming
∩f	ficial Form 106Sum					
	mmary of Your Assets	and Liabilities	and Certain Statistica	al Information		12/15
info you	as complete and accurate as poss rmation. Fill out all of your schedu r original forms, you must fill out a	ules first; then complete	the information on this form. If	you are filing amende		
rai	Summarize Tour Assets				v	,
					Your a	ssets of what you own
1.	Schedule A/B: Property (Official 1a. Copy line 55, Total real estate,	Form 106A/B) from Schedule A/B			\$	464,212.00
	1b. Copy line 62, Total personal pr	operty, from Schedule A	/B		\$	9,216.00
	1c. Copy line 63, Total of all prope	rty on Schedule A/B			\$	473,428.00
Par	t 2: Summarize Your Liabilities					
						abilities t you owe
2.	Schedule D: Creditors Who Have 2a. Copy the total you listed in Col			Part 1 of Schedule D	\$	554,832.53
3.	Schedule E/F: Creditors Who Hav 3a. Copy the total claims from Par			=	\$	43,302.95
	3b. Copy the total claims from Par	rt 2 (nonpriority unsecure	d claims) from line 6j of Schedule	E/F	\$	85,380.72
				Your total liabilities	\$	683,516.20
Par	t 3: Summarize Your Income ar	nd Expenses			•	
4.	Schedule I: Your Income (Official F Copy your combined monthly inco		lule I		\$	2,018.00
5.	Schedule J: Your Expenses (Offici Copy your monthly expenses from				\$	2,076.36
Par	t 4: Answer These Questions for	or Administrative and S	tatistical Records			
6.	Are you filing for bankruptcy un ☐ No. You have nothing to repo	•	3? . Check this box and submit this fo	orm to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?					
			er debts are those "incurred by an 8-9g for statistical purposes. 28 U		a personal,	family, or
	Your debts are not primarily the court with your other sche		have nothing to report on this part	of the form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Kathleen Korsiak Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

309.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	43,302.95
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	43,302.95

Fill	n this informa	tion to identify	your case and th	nis filin	g:				
Deb	tor 1	Kathleen Ko							
D-1-	t 0	First Name	Middle	Name	Last Name				
	tor 2 ise, if filing)	First Name	Middle	e Name	Last Name				
Unit	ed States Bank	ruptcy Court for	the: EASTERN	DISTR	CT OF NEW YORK				
_		, ,	-						
Cas	e number							☐ Check if this is an amended filing	
Off	icial Forr	n 106A/B	<u> </u>						
Sc	hedule	A/B: Pr	operty					12/15	
_		e any legal or eq			Estate You Own or Have an Interest In lence, building, land, or similar property?				
1.1	4004 01	. 4		Wha	is the property? Check all that apply				
	1391 L Street Street address, if a	available, or other description			Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	Do not deduct secured claims or exemption the amount of any secured claims on Scheo Creditors Who Have Claims Secured by Pro-		
					Manufactured or mobile home				
	Elmont	NY	11003-0000		Land	Current valuentire prope		Current value of the portion you own?	
	City	State	ZIP Code		Investment property	\$46	4,212.00	\$464,212.00	
					Timeshare			our ownership interest	
					Other has an interest in the property? Check one	(such as fee simple, tenand a life estate), if known.		ancy by the entireties, or	
				WIIO	• • •	Fee simp			
	Nassau				•				
	County				Debtor 1 and Debtor 2 only	- Check	if this is com	munity property	
					At least one of the debtors and another	(see inst	ructions)	mamey property	
					r information you wish to add about this iten erty identification number:	n, such as loc	al		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	or 1 K	athleen Ko	rsiak		Case number (if known)	
3. C a	ırs, vans,	trucks, tract	ors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make:	Nissan		Who has an interest in the property? Check one		ed claims or exemptions. Put cured claims on Schedule D:
	Model:	Sentra		Debtor 1 only		Claims Secured by Property.
	Year:	2013		Debtor 2 only	Current value of the	
		nate mileage: ormation:	110000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
			Street, Elmont	At least one of the debtors and another		
	NY 110		ou oot, Limoni	☐ Check if this is community property (see instructions)	\$6,464.0	96,464.00
	amples: B			nd other recreational vehicles, other vehicles atercraft, fishing vessels, snowmobiles, motorcy		
Ц	Yes					
				rn for all of your entries from Part 2, includin that number here		\$6,464.00
Part :	3: Descri	be Your Perso	nal and Household Ite	ems		
Do y	ou own o	or have any le	egal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
			urnishings ces, furniture, linens	s, china, kitchenware		
			Household Goo	nd Furnishings		\$1,500.00
			riouseriola Goo	ou i uniisiinigs		Ψ1,000.00
E.		Televisions ar including cell	phones, cameras, m	eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music colle	
			1 Samung, 1 Viz	zio		\$400.00
E	xamples:	other collection	figurines; paintings, ons, memorabilia, co	prints, or other artwork; books, pictures, or othe	er art objects; stamp, coin, or	baseball card collections;
	Yes. De	scribe				
E	xamples:	for sports ar Sports, photo musical instru	graphic, exercise, ar	nd other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoes and	d kayaks; carpentry tools;
	Yes. De	scribe				
			4 Fighire De -!!-			¢400 00
			1 Fishing Rod's	3		\$100.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Kathleen Korsiak	Case number (if known)	
10. Firear			
Exam ■ No	nples: Pistols, rifles, shotguns, ammunition, and	related equipment	
☐ Yes	s. Describe		
☐ No	es nples: Everyday clothes, furs, leather coats, desi	igner wear, shoes, accessories	
■ res	s. Describe		
	Clothing		\$500.00
☐ No		gement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	Necklace - Fit Bit		\$250.00
Exan □ No -	farm animals nples: Dogs, cats, birds, horses s. Describe		
	4 Cats - (Forstering)		\$1.00
for F	Part 3. Write that number here		\$2,751.00
Do you o	own or have any legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		me, in a safe deposit box, and on hand when you file your petit	ion
Exan	sits of money nples: Checking, savings, or other financial acco institutions. If you have multiple accounts	ounts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.	houses, and other similar
■ No □ Yes	S	Institution name:	
Exam ■ No	s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with bro Institution or issuer r		
19. Non- p	oublicly traded stock and interests in incorpo	prated and unincorporated businesses, including an interes	st in an LLC, partnership, and
■ No	venture Cive specific information about them		
	s. Give specific information about them Name of entity:	% of ownership:	
Official Fo	rm 106A/B	Schedule A/B: Property	page 3

De	ebtor 1	Kathleen	Korsiak	Case number (if known)	
20.	Negotia	able instrum	ents include personal checks, o	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
		Give specific	information about them Issuer name:		
			sion accounts s in IRA, ERISA, Keogh, 401(k	s), 403(b), thrift savings accounts, or other pension or profit-sharing pl	ans
	Yes.	List each acc	count separately. Type of account:	Institution name:	
			Pension	Borden's Farmland	\$1.00
22.	Your sl	hare of all ur		e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications companie	es, or others
	☐ Yes.			Institution name or individual:	
23.	Annuiti No	ies (A contra	act for a periodic payment of mo	oney to you, either for life or for a number of years)	
	☐ Yes		Issuer name and description	1.	
24.			cation IRA, in an account in a (1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified state tuition prog	ram.
	☐ Yes		Institution name and descrip	otion. Separately file the records of any interests.11 U.S.C. § 521(c):	
	■ No	·		y (other than anything listed in line 1), and rights or powers exer	cisable for your benefit
	☐ Yes.	Give specific	c information about them		
	Examp ■ No	oles: Internet	domain names, websites, prod	, and other intellectual property ceeds from royalties and licensing agreements	
	☐ Yes.	Give specific	c information about them		
27.	Examp ■ No	oles: Building	es, and other general intanging permits, exclusive licenses, control of the contr	ibles ooperative association holdings, liquor licenses, professional licenses	\$
M		property ow			Current value of the
	oo, o. ,	proporty on	ou to you.		portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed	to you		
	■ No □ Yes.	Give specific	information about them, include	ding whether you already filed the returns and the tax years	
	■ No	oles: Past du	e or lump sum alimony, spousa	al support, child support, maintenance, divorce settlement, property s	ettlement

Official Form 106A/B Schedule A/B: Property page 4

De	ebtor 1	Kathleen Korsiak	Case number (if known)	
30.	Exam _l	amounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else	penefits, sick pay, vacation pay, workers' comper	nsation, Social Security
	■ No □ Yes.	Give specific information		
31.		ts in insurance policies oles: Health, disability, or life insurance; health savings accou	nt (HSA); credit, homeowner's, or renter's insurar	nce
	■ No			
	☐ Yes.	Name the insurance company of each policy and list its value Company name:	s. Beneficiary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life one has died.		eive property because
		Give specific information		
33.		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or rig		
	_	Describe each claim		
34.	Other o	contingent and unliquidated claims of every nature, include	ding counterclaims of the debtor and rights to	set off claims
		Describe each claim		
35.	Any fin ■ No	ancial assets you did not already list		
	_	Give specific information		
36		he dollar value of all of your entries from Part 4, including art 4. Write that number here		\$1.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real estate in Part 1.	
	_	own or have any legal or equitable interest in any business-relate to Part 6.	d property?	
	_	Go to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.	
46.		own or have any legal or equitable interest in any farm-	or commercial fishing-related property?	
	_	. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above	
53.	Examp	have other property of any kind you did not already list? bles: Season tickets, country club membership		
	■ No □ Yes.	Give specific information		
54	. Add t	he dollar value of all of your entries from Part 7. Write tha	at number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

Deb	btor 1 Kathleen Korsiak			Case number (if known)	
Part	t 8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$464,212.00
56.	Part 2: Total vehicles, line 5	_	\$6,464.00		
57.	Part 3: Total personal and household items, lin	ne 15	\$2,751.00		
58.	Part 4: Total financial assets, line 36	_	\$1.00		
59.	Part 5: Total business-related property, line 45	;	\$0.00		
60.	Part 6: Total farm- and fishing-related property	/, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 6	1	\$9,216.00	Copy personal property total	\$9,216.00
63.	Total of all property on Schedule A/B. Add line	55 + line 62			\$473,428.00

Official Form 106A/B Schedule A/B: Property page 6

Fil	ll in this inform	nation to identify your cas	se:				
De	ebtor 1	Kathleen Korsiak					
D-		First Name	Middle Name	L	ast Name		
	ebtor 2 pouse if, filing)	First Name	Middle Name	L	ast Name		
Un	nited States Bar	nkruptcy Court for the: E	EASTERN DISTRICT OF NE	EW Y	ORK		
	ase number					☐ Check if this is an	
						amended filing	
\sim	u:a:al ⊏a.	···· 1000					
	fficial For				_		
S	chedule	e C: The Prop	perty You Cla	im	as Exempt	4/1:	9
the need cas For spe any fun exe	property you liseded, fill out and se number (if kn reach item of pecific dollar amy applicable statement be unemption to a page	sted on Schedule A/B: Prop d attach to this page as ma own). property you claim as exe nount as exempt. Alternal atutory limit. Some exem nlimited in dollar amount	perty (Official Form 106A/B) ny copies of Part 2: Addition empt, you must specify the tively, you may claim the f ptions—such as those for . However, if you claim an	as young as young as young as young and	our source, list the property that younge as necessary. On the top of any ount of the exemption you claim. If market value of the property be thaids, rights to receive certain Inption of 100% of fair market value.	y additional pages, write your name a One way of doing so is to state a eing exempted up to the amount of benefits, and tax-exempt retiremen	nd t
Pa	rt 1: Identif	y the Property You Claim	as Exempt				
1.	Which set of	exemptions are you clair	ming? Check one only, eve	n if yo	our spouse is filing with you.		
	☐ You are cla	iming state and federal no	nbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	You are cla	niming federal exemptions.	11 U.S.C. § 522(b)(2)				
2.	For any prop	erty you list on Schedule	A/B that you claim as exe	empt,	fill in the information below.		
	Brief description	on of the property and line of	n Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption	
	Schedule A/B t	hat lists this property	portion you own	• •			
		et Elmont, NY 11003	\$464,212.00		\$1.00	11 U.S.C. § 522(d)(1)	
	Nassau Cou	ınty edule A/B: 1.1			100% of fair market value, up to		
	Line nom Son	edule AVD. 1.1			any applicable statutory limit		
	2012 Niccor	Sentra 110000 miles				44 11 6 0 6 522(4)(2)	_
		391 L Street, Elmont N	Y \$6,464.00		\$4,000.00	11 U.S.C. § 522(d)(2)	
	11003				100% of fair market value, up to		
	Line from Sch	edule A/B: 3.1			any applicable statutory limit		
		Good Furnishings	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)	
	Line from Sch	edule A/B: 6.1			100% of fair market value, up to		
					any applicable statutory limit		
	1 Samung,	1 Vizio			•	11 U.S.C. § 522(d)(3)	_
		edule A/B: 7.1	\$400.00		\$400.00	11 0.3.6. § 322(u)(3)	
					100% of fair market value, up to any applicable statutory limit		
	1 Fishing R	od's	\$400.00		\$100.00	11 U.S.C. § 522(d)(5)	
	_	edule A/B: 9.1	\$100.00		·		
					100% of fair market value, up to		

Official Form 106C

any applicable statutory limit

Debto	r1 Kathleen Korsiak			Case number (if known)	-
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own			
		Copy the value from Schedule A/B	Che		
	clothing ine from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
L	ine nom <i>Schedule A/B</i> . 11.1			100% of fair market value, up to any applicable statutory limit	
	lecklace - Fit Bit	\$250.00 ■		\$250.00	11 U.S.C. § 522(d)(4)
L	ine nom <i>Schedule A/D.</i> 12.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ases fil	·	,

Fill in this information to identify yo	ur case.			
Debtor 1 Kathleen Korsi First Name	ak Middle Name Last Na	me	-	
Debtor 2				
(Spouse if, filing) First Name	Middle Name Last Na	me	-	
United States Bankruptcy Court for the	EASTERN DISTRICT OF NEW YORK		_	
Case number				
(if known)			☐ Check	if this is an
			ameno	ded filing
Official Form 106D				
	s Who Have Claims See	rad by Drapart	2.4	4045
Schedule D. Creditors	s Who Have Claims Secu	red by Propert	. y	12/15
	If two married people are filing together, both out, number the entries, and attach it to this for			
number (if known).				
Do any creditors have claims secured by				
☐ No. Check this box and submit	this form to the court with your other schedu	es. You have nothing else	to report on this form.	
Yes. Fill in all of the information	below.			
Part 1: List All Secured Claims			0.1	
	more than one secured claim, list the creditor sep		Column B	Column C
much as possible, list the claims in alphabet	s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.	2. As Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Mr. Cooper	Describe the property that secures the claim	value of collateral. \$547,329.53	s464,212.00	If any \$83,117.53
Creditor's Name	1391 L Street Elmont, NY 11003	Ψ341,323.33	Ψ+0+,212.00	Ψ05,117.55
	Nassau County			
P.O. Box 619094	As of the date you file, the claim is: Check all t	hat		
Dallas, TX 75261-9741	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
, , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage	or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's I	ien)		
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Mortg	ane		
community debt	Other (including a right to offset)	uge		
Date debt was incurred 6/19	Last 4 digits of account number 3	983		
2.2 Teachers Federal	Describe the property that secures the claim	\$7,503.00	\$6,464.00	\$1,039.00
Creditor's Name	2013 Nissan Sentra 110000 miles			
	Location: 1391 L Street, Elmont N			
Attn: Bankruptcy	As of the date you file, the claim is: Check all t	hat		
Po Box 9005 Smithtown, NY 11787	apply.			
Number, Street, City, State & Zip Code	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage	or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's I	ien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit	M 0		
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ase Money Security		
Date debt was incurred 4/29/19	Last 4 digits of account number 8	767		

Official Form 106D

Debtor	Kathleen Korsiak			Case	Case number (if known)	
	First Name	Middle Name	Last Name			
Add th	e dollar value of yo	ur entries in Column A on t	his page. Write that number	here:	\$554,832.53	
	is the last page of y that number here:	our form, add the dollar va	lue totals from all pages.		\$554,832.53	
Part 2:	List Others to E	se Notified for a Debt Th	at You Already Listed			
trying to	collect from you for creditor for any of	or a debt you owe to someo	ne else, list the creditor in Pa	art 1, and then li	ndy listed in Part 1. For example, if a st the collection agency here. Simil ou do not have additional persons	arly, if you have more
9	lame, Number, Stree David Gallo & As 9 Powerhouse Iewlett, NY 115	Rd 1st			e in Part 1 did you enter the creditor?	2.1

Fill in this i	nformation to identify your o	2001					
FIII IN THIS I	nformation to identify your ca	ise:					
Debtor 1	Kathleen Korsiak First Name	Middle Name	Last Nam				
Debtor 2	i iist ivaille	Middle Name	Lastivani	5			
(Spouse if, filing) First Name	Middle Name	Last Nam	9			
United State	es Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK				
Case number	≤r						
(if known)						☐ Check	if this is an
						amend	ed filing
Official E	50rm 106E/E						
	Form 106E/F	a Haya Haasaur	ad Claim	_			40/4E
	le E/F: Creditors What te and accurate as possible. Use						12/15
eft. Attach th	Creditors Who Have Claims Secur e Continuation Page to this page ee number (if known).						
Part 1: L	ist All of Your PRIORITY Uns	ecured Claims					
1. Do any c	reditors have priority unsecured	claims against you?					
☐ No. G	o to Part 2.						
Yes.							
identify w possible,	f your priority unsecured claims. hat type of claim it is. If a claim has list the claims in alphabetical order more than one creditor holds a part	both priority and nonpriority ar according to the creditor's nar	mounts, list that one. If you have m	laim here a	nd show both priority a	nd nonpriority amount	s. As much as
	xplanation of each type of claim, se	•		booklet.)			
,	,			,	Total claim	Priority amount	Nonpriority amount
2.1 IRS	- Federal Tax lien	Last 4 digits of a	ccount number	2066	\$18,493.42	\$18,493.42	\$0.00
Prior	rity Creditor's Name			2000			
240	Old Contry Rd.	When was the de	ept incurred?	2003			
Min	eola, NY 11501						
	ber Street City State Zip Code	As of the date yo	u file, the claim	is: Check a	all that apply		
_	curred the debt? Check one.	☐ Contingent					
Deb	tor 1 only	☐ Unliquidated					
☐ Deb	tor 2 only	☐ Disputed					
☐ Deb	tor 1 and Debtor 2 only	Type of PRIORIT	Y unsecured cla	im:			
☐ At le	ast one of the debtors and another	☐ Domestic supp	ort obligations				
☐ Che	ck if this claim is for a communi	ty debt Taxes and cer	tain other debts	ou owe the	government		
Is the c	laim subject to offset?	☐ Claims for dea	th or personal in	ury while yo	u were intoxicated		
■ No		☐ Other. Specify					
Пyes		. ,	Federal Ta	xes / Jud	dament		

Debtor 1 Kathleen Korsiak		Case number (if known)				
2.2	NY State Dept of Priority Creditor's Name Taxation and Finance	Last 4 digits of account number When was the debt incurred?	1533 2008 -20	<u>\$23,816.53</u>	\$3,101.53	\$20,715.00
	Civil Enforcement-CO-ATC Albany, NY 12227-0001			<u> </u>		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts	ou owe the g	overnment		
	Is the claim subject to offset?	Claims for death or personal in	ury while you	were intoxicated		
	■ No	Other. Specify				
	Yes	NYS Taxes	5			
2.3		Last 4 digits of account number	0019	\$993.00	\$993.00	\$0.00
	Priority Creditor's Name P.O. Box 5300 Albany, NY 12205-0300	When was the debt incurred?	2019			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	\square Check if this claim is for a community debt	Taxes and certain other debts	ou owe the g	overnment		
	Is the claim subject to offset?	Claims for death or personal in	ury while you	were intoxicated		
	No	Other. Specify				
	☐ Yes	NYS Taxes	3			
Pa	rt 2: List All of Your NONPRIORITY Unsecu	red Claims				
3.	Do any creditors have nonpriority unsecured claim	s against you?				
	\square No. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
	■ Yes.					
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2.	laim. For each claim listed, identify wl	nat type of cla	im it is. Do not list claims	already included in	Part 1. If more

Total claim

Debtor	1 Kathleen Korsiak	Case number (if known)				
4.1	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	5726	\$2,761.00		
	Attn: Correspondence Po Box 8801 Wilmington, DE 19899	When was the debt incurred?	Opened 07/18 Last Active 11/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not			
	■ No □ Yes	Other. Specify Credit Card				
4.2	Capital One	Last 4 digits of account number	7383	\$477.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 11/16 Last Active 05/19	Ψ-11.00		
	Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.3	Capital One Auto Finance Nonpriority Creditor's Name	Last 4 digits of account number	7310	\$7,458.43		
	390 Dallas Pkwy Plano, TX 75093	When was the debt incurred?	01/13/11			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharin				
	☐ Yes	Judgment Other. Specify Deficency				

Debtor	Kathleen Korsiak	Case number (if known)				
4.4	Capital One Auto Finance	Last 4 digits of account number	2600	\$9,486.67		
	Nonpriority Creditor's Name 390 Dallas Pkwy Plano, TX 75093	When was the debt incurred?	2000			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other. Specify	Balance on Vehicle			
4.5	Comenity Capital Bank/HSN	Last 4 digits of account number	1871	\$1,212.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125	When was the debt incurred?	Opened 12/17 Last Active 05/19			
	Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Charge Acc	count			
4.6	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	2565	\$1,178.00		
	Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 08/16 Last Active 05/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	■ Other. Specify Credit Card	I			

Debtor	1 Kathleen Korsiak	Case number (if known)					
4.7	Credit One Bank	Last 4 digits of account number	6100	\$971.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.8	David Russo Nonpriority Creditor's Name	Last 4 digits of account number	3309	\$2,277.14			
	15 New York Ave Massapequa, NY 11758	When was the debt incurred?	2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts				
	□ Yes	Other. Specify Judgment	g pians, and other similar debts				
4.9	Fingerhut Nonpriority Creditor's Name	Last 4 digits of account number	4750	\$424.00			
	Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395	When was the debt incurred?	Opened 12/16 Last Active 05/19				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing					
	Yes	■ Other. Specify Charge Acc	count				

Debto	Kathleen Korsiak								
4.1	K-11-7017-1-0		5400	***					
0	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	5469	\$604.00					
	Attn: Bankruptcy		Opened 07/16 Last Active						
	Po Box 30285	When was the debt incurred?	05/19						
	Salt Lake City, UT 84130	= A (4) . L. (2) . (5) . (1)	-						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	Пол							
	<u> </u>	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	Disputed	d alaim.						
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:						
	☐ Check if this claim is for a community debt	_							
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	■ Other Specify Charge Acc	count						
		Other. Specify		-					
4.1	Marrials Bank/Card\Marks		6245	£4 200 00					
1	Merrick Bank/CardWorks Nonpriority Creditor's Name	Last 4 digits of account number	6245	\$1,368.00					
	Attn: Bankruptcy		Opened 11/17 Last Active						
	Po Box 9201	When was the debt incurred?	05/19	-					
	Old Bethpage, NY 11804 Number Street City State Zip Code	As of the date you file, the claim i	s: Chack all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim	э. Спеск ан тат арргу						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt		ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Credit Card		-					
4.1 2	Midland Funding LLC	Last 4 digits of account number	0710	\$1,612.10					
	Nonpriority Creditor's Name APO Beneficial	When was the debt incurred?	2010						
	8875 Aero Dr.	when was the dept incurred:	2010						
	Suite 200								
	San Diego, CA 92123								
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	_								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	Disputed	d alaim.						
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans							
	☐ Check if this claim is for a community debt	_							
	Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 							
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
	□ Yes	Other. Specify Judgment	-						
		- Other, Specify							

Debto	Kathleen Korsiak	Case number (if known)							
4.1	North Shore University	Last 4 digits of account number	5010	\$47,657.88					
	Nonpriority Creditor's Name Hospital Manhasset, NY 11030	When was the debt incurred?	2010						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	□Yes	■ Other. Specify Medical							
4.1	Optimum By Altice	Last 4 digits of account number	4102	\$534.81					
	Nonpriority Creditor's Name 1111 Stewart Avenue Bethpage, NY 11714-3581	When was the debt incurred?	2008						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not						
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Utility Serv	ices						
4.1 5	Portfolio Recov Assoc	Last 4 digits of account number	6710	\$3,901.20					
	Nonpriority Creditor's Name 140 Corporate Blvd Norfolk, VA 23502	When was the debt incurred?	2010						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims	·						
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts						
	☐ Yes	■ Other, Specify Judgment							

Debto	Kathleen Korsiak	Case number (if known)					
4.1	Property Tax Consultants	Last 4 digits of account number	7007	\$587.86			
	Nonpriority Creditor's Name 125 Jericho Tpke Suite 500	When was the debt incurred?	2017				
	Jericho, NY 11753	_					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	■ Other. Specify Services Ro	endered				
4.1	PSEG Long Island	Last 4 digits of account number	5702	\$2,179.86			
, ,	Nonpriority Creditor's Name P.O. Box 888	When was the debt incurred?	2019				
	Hicksville, NY 11802-0888 Number Street City State Zip Code Who incurred the debt? Check one.	s: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	■ Other Specify Utility Services					
4.1	Synchrony Bank/QVC	Last 4 digits of account number	7418	\$344.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060	When was the debt incurred?	Opened 12/17 Last Active 05/19				
	Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	•					
	Is the claim subject to offset?	report as priority claims					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other, Specify Charge Acc	count				

Debtor	1 Kathleen Korsiak		Case number (if known)							
4.1	Verizon	Last 4 digits of account number	0109	\$254.22						
	Nonpriority Creditor's Name P.O. Box 15124 Albany, NY 12212-5124	When was the debt incurred?	2019							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply							
	■ Debtor 1 only	☐ Contingent								
	Debtor 2 only	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:							
	☐ Check if this claim is for a community	☐ Student loans								
debt Is the claim subject to offset?		☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not							
	No	Debts to pension or profit-shari	ng plans, and other similar debts							
	Yes	Other. Specify Utility Serv	vices							
4.2	Water Authority Nonpriority Creditor's Name	Last 4 digits of account number	4300	\$91.55						
	of Western Nassau County 1580 Union TPKE New Hyde Park, NY 11040	When was the debt incurred?	04/19							
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply							
	Who incurred the debt? Check one.		,							
	■ Debtor 1 only	☐ Contingent	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed								
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure								
	\square Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	Obligations arising out of a separation agreement or divorce that you did not							
	No	Debts to pension or profit-shari	ng plans, and other similar debts							
	Yes	■ Other. Specify Utility Serv								
	La res	Other. Specify	vices							
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed								
is tryi have	nis page only if you have others to be notified ing to collect from you for a debt you owe to a more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor i nat you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agency	here. Similarly, if you						
	and Address	On which entry in Part 1 or Part 2 did yo								
	n & Slamowitz rossways Park Drive		Part 1: Creditors with Priority Unsecured Clair							
	lbury, NY 11797		Part 2: Creditors with Nonpriority Unsecured	Claims						
		Last 4 digits of account number	9710							
	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?							
	n & Slamowitz		Part 1: Creditors with Priority Unsecured Clair							
199 Crossways Park Drive Woodbury, NY 11797			Part 2: Creditors with Nonpriority Unsecured	Claims						
	<i>5.</i>	Last 4 digits of account number	0710							
	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?							
	au County Clerk		Part 1: Creditors with Priority Unsecured Claim							
	old Country Rd Dla, NY 11501	[☐ Part 2: Creditors with Nonpriority Unsecured	Claims						
	•	Last 4 digits of account number								
Name a	und Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?							
	& Rothman LLC	*	$\operatorname{\beth}$ Part 1: Creditors with Priority Unsecured Clai	ms						
1787	Veterans Highway	I	Part 2: Creditors with Nonpriority Unsecured	Claims						

Debtor 1 Kathleen Korsiak		Case number (if known)
Islandia, NY 11749	Last 4 digits of account number	7310
Name and Address	On which entry in Part 1 or Part 2 did	,
Rubin & Rothman LLC	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
1787 Veterans Highway Islandia, NY 11749		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	2600
Name and Address	On which entry in Part 1 or Part 2 did	d you list the original creditor?
Smith, Carod, Levy	Line 4.13 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
5036 Jericho Tpke Commack, NY 11725		■ Part 2: Creditors with Nonpriority Unsecured Claims
55mma5k, 111 11725	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	43,302.95
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
					-
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	43,302.95
		,,			40,002.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total				-	
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			
	-3.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.	\$	85,380.72
		here.			
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	85,380.72
	-,.	and the second s	- 3-	· —	55,500.72

Fill in this infor	mation to identify your	case:			
Debtor 1	Kathleen Korsiak				
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					☐ Check if this is a
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Oldio	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	Oity		Oldio	211 0000	
	Name				_
	Number	Street			
					_
	City		State	ZIP Code	
2.5					<u> </u>
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

Official Form 106G

	Kathleen Kors	siak			
	First Name	Middle Name	Last Name		
ebtor 2 pouse if, fi	iling) First Name	Middle Name	Last Name		
	•				
nited St	tates Bankruptcy Court for th	ne: EASTERN DISTRICT O	F NEW YORK		
ase nun	mber				
known)					Check if this is an amended filing
					amended illing
fficia	al Form 106H				
che	dule H: Your Co	odebtors			12/15
1. Do	you have any codebtors?	? (If you are filing a joint case, o	do not list either spouse	as a codebtor.	
■ No	-				
		you lived in a community pr ana, Nevada, New Mexico, Pu			states and territories include
_		21.0, 110.000, 110.110.1100, 110.1		g.c, and missensin,	
	o. Go to line 3.				
	es. Did your spouse, former s	spouse, or legal equivalent live	e with you at the time?		
Ll Y€			, ,		
	olumn 1 list all of your cod	lobtore. Do not include your	•	r if your enougo is filing	with you list the person shown
3. In Co in lin Form	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi	nly if that person is a guaran	spouse as a codebto	sure you have listed th	e creditor on Schedule D (Offici
3. In Co in lin Form	ne 2 again as a codebtor or	nly if that person is a guaran	spouse as a codebto	sure you have listed th	with you. List the person show e creditor on Schedule D (Offici Schedule E/F, or Schedule G to
3. In Co in lin Form	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi Column 2. Column 1: Your codebtor	nly if that person is a guaran icial Form 106E/F), or Sched	spouse as a codebto	sure you have listed the DGG). Use Schedule D, Schedul	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt
3. In Co in lin Form	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi Column 2.	nly if that person is a guaran icial Form 106E/F), or Sched	spouse as a codebto	sure you have listed the 16G). Use Schedule D,	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt
3. In Co in lin Form	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi Column 2. Column 1: Your codebtor Name, Number, Street, City, State a	nly if that person is a guaran icial Form 106E/F), or Sched	spouse as a codebto	sure you have listed the DGG). Use Schedule D, Schedul	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt s that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi Column 2. Column 1: Your codebtor	nly if that person is a guaran icial Form 106E/F), or Sched	spouse as a codebto	Column 2: The cre Check all schedule D, line Schedule D, line Schedule D, line Schedule E/F, li	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi Column 2. Column 1: Your codebtor Name, Number, Street, City, State a	nly if that person is a guaran icial Form 106E/F), or Sched	spouse as a codebto	Column 2: The cre Check all schedule D, line	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Officolumn 2. Column 1: Your codebtor Name, Number, Street, City, State a Name	nly if that person is a guaran icial Form 106E/F), or Sched and ZIP Code	spouse as a codebto tor or cosigner. Make ule G (Official Form 16	Column 2: The cre Check all schedule D, line Schedule D, line Schedule D, line Schedule E/F, li	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Offi Column 2. Column 1: Your codebtor Name, Number, Street, City, State a	nly if that person is a guaran icial Form 106E/F), or Sched	spouse as a codebto	Column 2: The cre Check all schedule D, line Schedule D, line Schedule D, line Schedule E/F, li	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Officolumn 2. Column 1: Your codebtor Name, Number, Street, City, State a Name	nly if that person is a guaran icial Form 106E/F), or Sched and ZIP Code	spouse as a codebto tor or cosigner. Make ule G (Official Form 16	Column 2: The cre Check all schedule D, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Officolumn 2. Column 1: Your codebtor Name, Number, Street, City, State a Name Number Street City	nly if that person is a guaran icial Form 106E/F), or Sched and ZIP Code	spouse as a codebto tor or cosigner. Make ule G (Official Form 16	Column 2: The cre Check all schedule D, line Schedule D, line Schedule B, line Schedule G, line Schedule G, line	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Officolumn 2. Column 1: Your codebtor Name, Number, Street, City, State a Name	nly if that person is a guaran icial Form 106E/F), or Sched and ZIP Code	spouse as a codebto tor or cosigner. Make ule G (Official Form 16	Column 2: The cre Check all schedule D, line Schedule D, line Schedule G, line Schedule G, line Schedule D, line Schedule E/F, line Schedule D, line	e creditor on Schedule D (Offici Schedule E/F, or Schedule G to ditor to whom you owe the debt is that apply:
3. In Co in lin Form out C	ne 2 again as a codebtor or n 106D), Schedule E/F (Officolumn 2. Column 1: Your codebtor Name, Number, Street, City, State a Name Number Street City	nly if that person is a guaran icial Form 106E/F), or Sched and ZIP Code	spouse as a codebto tor or cosigner. Make ule G (Official Form 16	Column 2: The cre Check all schedule D, line Schedule D, line Schedule B, line Schedule G, line Schedule G, line	e creditor on Schedule D (Offic Schedule E/F, or Schedule G to Schedule E/F, or Schedule G to ditor to whom you owe the debis that apply: a

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

Debtor 1 Mathleen Korsiak	Fill	in this information to identify you	ır case:				l				
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number		, ,									
Case number (If known) Check if this is:						_					
Official Form 106 Schedule I: Your Income 12/1: Be as complete and accurate as possible. If two married people are filling logether (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A	Uni	ted States Bankruptcy Court for	the: EASTERN DISTRICT	OF NEW YORK							
Schedule I: Your Income Be as complete and accurate as possible, if two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part II: Describe Employment 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse Employed Employed Employed Not				_			□ A	n amende	ed filing	ng postpetition	n chapter
Schedule I: Your Income 12/1: Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing yith you, do not include information about your spouse. If more space is needed, attach a separated and your spouse is not filing with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1: Describe Employment 1. Fill in you remployment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Employment status Occupation Retired Cocupation Retired Employed Employed Not employed	\bigcirc	fficial Form 1001					1	3 income	as of the f	ollowing date	:
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling yith you, do not include information about your spouse. If more space is needed, attach a separated and your spouse spouse is not filling with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1: Describe Employment 1. Fill in you employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Retired Debtor 1 Debtor 2 or non-filling spouse Employed Employed Not employer Not employed							N	IM / DD/ Y	YYY		
supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1:											12/15
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Fart 2:	sup spo atta	plying correct information. If y use. If you are separated and ch a separate sheet to this for	rou are married and not fili your spouse is not filing w m. On the top of any additi	ng jointly, and your sith you, do not inclu	spouse i de infori	is liv mati	ing with on about	you, incl your spo	ude infori ouse. If m	mation abou ore space is	t your needed,
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Fart 2:	1.	Fill in your employment									
attach a separate page with information about additional employers. Occupation Retired Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	••			Debtor 1				Debtor 2	or non-f	iling spouse	
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A									•		
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A		information about additional						□ Not e	mpioyea		
Self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00		• •	•	Retired							
How long employed there? Part 2: Give Details About Monthly Income			Employer's name								
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			ent Employer's address								
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 +\$ N/A N/A			How long employed t	there?				_			
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse	Par	t 2: Give Details About I	Monthly Income								
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	spou If yo	use unless you are separated. u or your non-filing spouse have	e more than one employer, c	,		•	·		•	·	· ·
 deductions). If not paid monthly, calculate what the monthly wage would be. \$							For Dek	otor 1			
	2.				2.	\$		0.00	\$	N/A	-
4. Calculate gross Income. Add line 2 + line 3. 4. \$ \$ \$ \\ \ \ \ \ \ \ \	3.	Estimate and list monthly ov	vertime pay.		3.	+\$		0.00	+\$	N/A	-
	4.	Calculate gross Income. Ad	d line 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Kathleen Korsiak	-	Cas	se number (if ki	nown)				
				F	or Debtor 1			Debtor		
	Cop	by line 4 here	4.	\$		0.00	\$		N/A	-
5.	List	all payroll deductions:								
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	(0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	(0.00	\$		N/A	_
	5e.	Insurance	5e.		(0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$		N/A	_
	5g.	Union dues	5g.			0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h.	Ċ			+ \$		N/A	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	(0.00	\$		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		(0.00	\$		N/A	_
	8b.	Interest and dividends	8b.	\$	(0.00	\$		N/A	_
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.).00).00	\$		N/A N/A	_
	8e.	Social Security	8e.	\$	1,708		\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f. 8g.			0.00	\$ \$		N/A N/A	_
	8h.	Other monthly income. Specify:	8h.		(0.00	+ \$		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,018	3.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	ŧ	2,018.00	+ \$		N/A	= \$	2,018.00
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			2,010.00	.		11//	$ ^{ \downarrow } -$	2,010.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not scify:	depe				•	Schedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certaillies						12.	\$Combi	2,018.00
12	Do	you expect an increase or decrease within the year after you file this form	?						month	y income
10.		No. Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Kathleen Korsiak		Check	if this is:	
Deh	otor 2		_	n amended filing	ving postpetition chapter
	ouse, if filing)				the following date:
Unit	ted States Bankruptcy Court for the: _EASTERN DISTRICT OF NEW YO	MM / DD / YYYY			
Cas	se number				
(If k	(nown)				
O.	fficial Form 106J				
S	chedule J: Your Expenses				12/15
Be	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this famber (if known). Answer every question.				
Par 1.	rt 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	r 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes ☐ No
					☐ Yes
					□ No
					☐ Yes ☐ No
					☐ Yes
3.	Do your expenses include ■ No				- 103
	expenses of people other than yourself and your dependents?				
	tt 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless yo penses as of a date after the bankruptcy is filed. If this is a supp plicable date.				
	lude expenses paid for with non-cash government assistance if				
	ficial Form 106I.)	our income		Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. \$ 4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	4u. \$ 5. \$		0.00 0.00

Debtor 1	Kathleer	n Korsiak	Case num	ber (if known)	
S. Utilit	tios:				
6a.		heat, natural gas	6a.	\$	181.27
6b.	-	wer, garbage collection	6b.	· -	0.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.		230.00
6d.	•		6d.	*	
	Other. Spe	ekeeping supplies	od. 7.	· -	0.00
				·	747.00
		hildren's education costs	8.		0.00
	-	ry, and dry cleaning	9.	\$	0.00
	•	roducts and services	10.	\$	0.00
		ntal expenses	11.	\$	0.00
		Include gas, maintenance, bus or train fare. ar payments.	12.	\$	319.00
		clubs, recreation, newspapers, magazines, and boo	oks 13.	\$	60.00
		ributions and religious donations	14.	· -	0.00
. Insu			• • •		<u> </u>
		surance deducted from your pay or included in lines 4	or 20.		
	Life insura	, , ,	15a.	\$	0.00
15b.	Health ins	urance	15b.	\$	0.00
	Vehicle ins		15c.	· -	206.59
		rance. Specify: Social Security	15d.	·	162.50
		clude taxes deducted from your pay or included in line		Ψ	102.30
Spec	cify:	, , ,	s 4 or 20. 16.	\$	0.00
		ease payments: ents for Vehicle 1	 17a.	<u> </u>	170.00
		ents for Vehicle 2	17a. 17b.	*	0.00
				*	
	Other, Spe		17c.	· -	0.00
	Other. Spe		17d.	>	0.00
		of alimony, maintenance, and support that you did your pay on line 5, Schedule I, Your Income (Officia		\$	0.00
9. Oth €	er payments	s you make to support others who do not live with	/ou.	\$	0.00
Spec	cify:		19.		
). Oth e	er real prop	erty expenses not included in lines 4 or 5 of this fo	rm or on Schedule I: Yo	our Income.	
20a.	Mortgages	s on other property	20a.	\$	0.00
20b.	Real estat	e taxes	20b.	\$	0.00
20c.	Property, I	nomeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenan	ice, repair, and upkeep expenses	20d.	\$	0.00
		er's association or condominium dues	20e.	\$	0.00
	er: Specify:			+\$	0.00
				- *	0.00
	-	monthly expenses			
	Add lines 4	<u> </u>		\$	2,076.36
22b.	Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official	Form 106J-2	\$	
22c	Add line 22	a and 22b. The result is your monthly expenses.		\$	2,076.36
				T	_,0.000
	•	monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.	· ·	2,018.00
23b.	Copy your	monthly expenses from line 22c above.	23b.	-\$	2,076.36
23c.		our monthly expenses from your monthly income.		¢	-58.36
	The result	is your monthly net income.	23c.	\$	-30.30
		an increase or decrease in your expenses within th			
		ou expect to finish paying for your car loan within the year or do terms of your mortgage?	you expect your mortgage	payment to increase	or decrease because of a
■ N	lo.				
□ Y		Explain here:			

Fill in this	s information to identify your	case:				
Debtor 1	Kathleen Korsiak					
D 10	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fill	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK			
Case num (if known)	nber				☐ Check if this is an amended filing	
	Form 106Dec aration About a	an Individua	l Debtor's Sch	nedules	12/15	
obtaining		n connection with a ban			ment, concealing property, or), or imprisonment for up to 20	
Did y	you pay or agree to pay some	eone who is NOT an atto	rney to help you fill out ba	nkruptcy forms?		
	No					
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)			
	r penalty of perjury, I declare hey are true and correct.	that I have read the sun	nmary and schedules filed	with this declaration	n and	
X /s	s/ Kathleen Korsiak		X			
	Kathleen Korsiak Bignature of Debtor 1		Signature of D	ebtor 2		
D	Date June 3, 2019		Date			

Official Form 106Dec

	l in this inforr	nation to identify your	case:			
De	btor 1	Kathleen Korsiak		Leat News		
De	btor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	EASTERN DISTRICT (OF NEW YORK		
	se number _					Check if this is an amended filing
St		of Financial A		iduals Filing for		4/1
info nur	ormation. If mention is the control of the control	nore space is needed, a n). Answer every ques	attach a separate sheet to	e are filing together, both and this form. On the top of a ou Lived Before		
••						
	☐ Married					
	■ Not ma	rried				
2.	During the I	ast 3 years, have you l	ived anywhere other tha	n where you live now?		
	■ No					
	☐ Yes. Lis	et all of the places you live	ved in the last 3 years. Do	not include where you live no	ow.	
	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1 Debtor 2 Prior A	Address:	Dates Debtor 2 lived there
3. sta				egal equivalent in a commu Nevada, New Mexico, Puerto		
	■ No □ Yes. Ma	ake sure you fill out <i>Sch</i> e	edule H: Your Codebtors (Official Form 106H).		
Pa	rt 2 Explai	in the Sources of Your	Income			
4.	Fill in the tota	al amount of income you	received from all jobs and	ting a business during this d all businesses, including pa vive together, list it only once	irt-time activities.	llendar years?
	No					
	☐ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	

Official Form 107

De	ebtor 1	Ka	thleen Ko	rsiak				Ca	se number (if known)		
5.	Include and o	de ind other (ome regard	lless of wheth fit payments;	ner that inco pensions; i	ome is taxable. E rental income; in	Examples of terest; divid	lends; money colle	alimony; child supp	royalties; ar	Security, unemployment, nd gambling and lottery
	List e	ach s	ource and t	he gross inco	me from e	ach source sepa	rately. Do r	not include income	that you listed in lin	e 4.	
		No					•		•		
	_	No Yes	Fill in the de	tails							
	_	103.	iii iii tiic ac	ians.							
					Debtor 1	of income	Gross	s income from	Debtor 2 Sources of inc	omo	Gross income
					Describe		each	source e deductions and	Describe below		(before deductions and exclusions)
			1 of curre	nt year until kruptcy:	Social S Benefits			\$7,723.50	Pension		\$1,547.50
			dar year: December	31, 2018)	Social S Benefits			\$17,992.80			
		Yes.	No. Yes * Subject	Go to line 7 List below e paid that cronot include to adjustment or Debtor 2 or 90 days befor Go to line 7 List below e include pay attorney for	each creditor. Do repayments ton 4/01/2: or both have been been been been been been been be	or to whom you poot include paym to an attorney for 2 and every 3 yes or e primarily cond for bankruptcy, or to whom you promestic support	paid a total of the parts for doing the parts after the parts	of \$6,825* or more mestic support obluptcy case. at for cases filed o ots. y any creditor a totoof \$600 or more ar	igations, such as ch n or after the date o al of \$600 or more?	ments and ild support a f adjustmen you paid tha Also, do not	
	Orec		3 Harrie and	Addiess		Dates of payi	non	paid	still owe	was tills	payment for
7.	Inside of wh a bus alimo	ers in ich your ich you in essential ich you	clude your r ou are an of you operat	elatives; any ficer, director	general pa , person in roprietor. 1	rtners; relatives control, or owne	of any gene er of 20% or	eral partners; partn more of their votir		u are a gend ny managing	eral partner; corporations g agent, including one for
			Name and			Dates of payr	ment	Total amount	Amount you	Reason f	or this payment
								paid	still owe		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Del	btor 1 Kathleen Korsiak		Cas	e number (if knowr	n)	
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	ny property on	account of a d	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Par	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
	Federal National Mortgage Association vs. Kathleen Korsiak aka Kathleen V Korsiak 14959/2013	Foreclosure	Supreme Court of New York 100 Supreme C Mineola, NY 11	ourt Drive	Pending ☐ On appeal ☐ Concluded	
	■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address	Describe the Property		Date	Ð	Value of the property
		Explain what happened	d			property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.		luding a bank or fir	ancial institutio	on, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date take	e action was en	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possessi	on of an assign	ee for the ben	efit of creditors, a
	■ No □ Yes					
Par	rt 5: List Certain Gifts and Contributions					
		atore did von aire anne aift	a with a total value	of more than ¢C	·00 mar maraan	
13.	Within 2 years before you filed for bankrup No	otcy, did you give any gift	s with a total value	of more than \$6	ou per person	?
	☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts			es you gave gifts	Value
	Person to Whom You Gave the Gift and Address:					

Debtor 1 Kathleen Korsiak				Case number (if known)			
14.	 Within 2 years before you filed for bankruptcy, No Yes. Fill in the details for each gift or contributions to charities that total more than \$600. 			ns with a total	value of more than	\$600 to any charity?	
		otal	Describe what you contributed		Dates you contributed	Value	
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did y	ou lose anytl	ning because of the	ft, fire, other disaster,	
	■ No						
	Yes. Fill in the details. Describe the property you lost and how the loss occurred		be any insurance coverage for the lo		Date of your loss	Value of property lost	
			ice claims on line 33 of Schedule A/B:				
Par	t 7: List Certain Payments or Transfers	;					
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or purchase include any attorneys, bankruptcy petition purchase in No	reparir	ng a bankruptcy petition?			rty to anyone you	
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment	
	Neidhardt Law 3579 Bayview Street Seaford, NY 11783 info@neidhardt.law		Attorney Fees			\$2,125.00	
	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors o	r to make payments to your creditor		r transfer any prope	rty to anyone who	
	■ No □ Yes. Fill in the details.						
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment	
	Within 2 years before you filed for bankry transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alrest No Yes. Fill in the details.	r busin made a	ess or financial affairs? as security (such as the granting of a se				
	Person Who Received Transfer Address		Description and value of property transferred		iny property or received or debts change	Date transfer was made	

Debtor 1 Kathleen Korsiak Case number (if known) 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο ☐ Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance account number instrument closed, sold. before closing or Address (Number, Street, City, State and ZIP Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property

Address (Number, Street, City, State and ZIP Code)

(Number, Street, City, State and ZIP

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case number (if known) Kathleen Korsiak Debtor 1 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 25. Have you notified any governmental unit of any release of hazardous material? Nο ☐ Yes. Fill in the details. Environmental law, if you Date of notice Name of site Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Nο

Yes. Fill in the details below.

Name Address

(Number, Street, City, State and ZIP Code)

Date Issued

Case 8-19-74032-las Doc 1 Filed 06/03/19 Entered 06/03/19 14:27:35

Debtor 1 Kathleen Korsiak			Case number (if known)
Part 12:	Sign Below		
are true a	and correct. I understand that m		nents, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection to 20 years, or both.
/s/ Kath	leen Korsiak		
	en Korsiak re of Debtor 1	Signature of Debtor	2
Date _	lune 3, 2019	Date	
Did you a ■ No □ Yes	attach additional pages to <i>Your</i>	Statement of Financial Affairs for Ind	viduals Filing for Bankruptcy (Official Form 107)?
Did you ¡ ■ No	pay or agree to pay someone wh	o is not an attorney to help you fill o	it bankruptcy forms?
☐ Yes. N	lame of Person Attach the	Bankruptcy Petition Preparer's Notice,	Declaration, and Signature (Official Form 119).

Fill in this inform	ation to identify your	case:				
Debtor 1	Kathleen Korsiak					
Debtor 2	First Name	Middle Name		Last Name		
(Spouse if, filing)	First Name	Middle Name		Last Name		
United States Ban	kruptcy Court for the:	EASTERN DISTR	ICT OF NEV	V YORK		
Case number(if known)						☐ Check if this is an amended filing
Official For Statemen		n for Indiv	iduals	Filing Under C	hapter	7 12/15
creditors have you have lease You must file this		ur property, or nd the lease has n rithin 30 days after	ot expired. you file you	rm if: r bankruptcy petition or by t ause. You must also send co		
on the fo	orm			ly responsible for supplying		·
	d date the form.	iii a joiiit case, bo	ili ale equal	iy responsible for supplying	correct inion	nation. Both debtors must
write yo	ur name and case nur	nber (if known).	needed, att	ach a separate sheet to this	form. On the	top of any additional pages,
			: Creditors \	Who Have Claims Secured b	y Property (O	fficial Form 106D), fill in the
	ditor and the property t	hat is collateral	What do y secures a	you intend to do with the pro a debt?	operty that	Did you claim the property as exempt on Schedule C?
Creditor's Mr	r. Cooper			der the property. the property and redeem it.		□ No
Description of		ont, NY 11003		the property and enter into a rmation Agreement.		■ Yes
property securing debt:	Nassau County			the property and [explain]: at Loan Modification		
Creditor's Te	eachers Federal		☐ Surren	der the property.		□ No
Creditor's Te name:	eachers Federal		Retain	the property and redeem it.		
	eachers Federal 2013 Nissan Sentr	a 110000	■ Retain			□ No ■ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Kathleen Korsiak	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease.	y property of my estate that secures a debt and any personal
X /s/ Kathleen Korsiak X	
Kathleen Korsiak Signature of Debtor 1	nature of Debtor 2
Date June 3, 2019 Date	

Fill in this infor	mation to identify your case:						
				eck one box 2A-1Supp:	only as d	irected in this form and	in Form
Debtor 1	Kathleen Korsiak						
Debtor 2 (Spouse, if filing)				■ 1. There is	s no pres	umption of abuse	
United States	Bankruptcy Court for the: Eastern District o	New York		applies	will be m	o determine if a presumade under <i>Chapter 7</i>	•
Case number (if known)					`	cial Form 122A-2).	,
(ii iaiowii)						does not apply now be service but it could ap	
				☐ Check if	this is a	n amended filing	
	<u>form 122A - 1</u>						
Chapter	7 Statement of Your Cu	rrent Mor	nthly Inc	ome			12/15
attach a separat case number (if qualifying milita	and accurate as possible. If two married people e sheet to this form. Include the line number to known). If you believe that you are exempted from the service, complete and file Statement of Exemple alculate Your Current Monthly Income	which the addition m a presumption	nal information a of abuse becau	applies. On the	e top of ar have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is y	your marital and filing status? Check one o	nly.					
■ Not m	arried. Fill out Column A, lines 2-11.						
☐ Marrie	ed and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.			
☐ Marrie	ed and your spouse is NOT filing with you.	You and your s	spouse are:				
☐ Livi	ing in the same household and are not leg	ally separated.	Fill out both Co	lumns A and	B, lines 2	2-11.	
pe	ing separately or are legally separated. Fill nalty of perjury that you and your spouse are ng apart for reasons that do not include evadi	egally separated	d under nonbar	kruptcy law t	hat applie	es or that you and you	
101(10A). Fo the 6 months	erage monthly income that you received from all r example, if you are filing on September 15, the 6-r , add the income for all 6 months and divide the tota the same rental property, put the income from that	nonth period would I by 6. Fill in the res	be March 1 throsult. Do not include	ugh August 31. de any income	If the amo amount m	ount of your monthly incomore than once. For examp	ne varied during ble, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
•	ss wages, salary, tips, bonuses, overtime, eductions).	and commission	ons (before all	\$	0.00	\$	
	and maintenance payments. Do not include 3 is filled in.	payments from	a spouse if	\$	0.00	\$	
of you or from an u and room	Ints from any source which are regularly p r your dependents, including child support Inmarried partner, members of your househol Imates. Include regular contributions from a so Do not include payments you listed on line 3.	. Include regular d, your depende	contributions nts, parents,	\$	0.00	\$	
	me from operating a business, profession,						
			tor 1				
	ceipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00					
•	and necessary operating expenses	· — —	Copy here ->	¢	0.00	\$	
	hly income from a business, profession, or fail me from rental and other real property	m \$	Copy liere >	Ψ	0.00	Ψ	
6. Net inco	me nom remai and other real property	Deb	tor 1				
Gross red	ceipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
	hly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7. Interest,	dividends, and royalties	_		\$	0.00	\$	

Official Form 122A-1

Case number (if known)

					Column A Debtor 1		Column E Debtor 2 non-filing	or	
8.	Unemployment of	compensation			\$	0.00	\$	5 - 1	
		amount if you contend that the amy Act. Instead, list it here:	nount received was a be	enefit under					
		•	\$	0.00					
	For your spous	e	\$						
9.	Pension or retire	ement income. Do not include ar Social Security Act.	y amount received that	was a	\$	309.50	\$		
10.	Do not include an received as a vict	other sources not listed above, y benefits received under the Soi im of a war crime, a crime agains n. If necessary, list other sources	cial Security Act or payrest humanity, or internation	ments onal or					
	•				\$	0.00	\$		
					\$	0.00	\$		
	Total am	ounts from separate pages, if any	y.	+	\$	0.00	\$		
11.		otal current monthly income. Aren add the total for Column A to the		r \$	309.50	+ \$		= \$	309.50
									urrent monthly
Part	2: Determine	Whether the Means Test Appl	ies to You					incom	e
12.	Calculate your c	urrent monthly income for the	year. Follow these step	s:					
	12a. Copy your to	otal current monthly income from	line 11		Cop	oy line 11 l	nere=>	\$	309.50
	Multiply by 1	2 (the number of months in a yea	ar)					X 1	12
	12b. The result is	your annual income for this part	of the form				12	2b. \$	3,714.00
13.	Calculate the me	edian family income that applie	s to you. Follow these	steps:					
	Fill in the state in	which you live.	NY						
	Fill in the number	of people in your household.	1	_					
									FF 222 00
	To find a list of ap	family income for your state and plicable median income amounts list may also be available at the l	s, go online using the lin		in the sepa	rate instruc	13 tions	3. \\$	55,333.00
14.	How do the lines	s compare?							
		12b is less than or equal to line 1	3. On the top of page 1	, check box	1, There is	no presum	nption of abo	use.	
	14b. \square Line	o Part 3. 12b is more than line 13. On the o Part 3 and fill out Form 122A-2.	top of page 1, check bo	x 2, The pre	esumption o	of abuse is	determined	by Form 12	22A-2.
Part									
		ere, I declare under penalty of pe	riury that the informatio	n on this sta	atement and	d in any atta	achments is	true and c	orrect
	, , ,		rjary and and anomidae		atomont and	a iii aiiy ata	20111101110 10	, trao arra o	511001.
		een Korsiak							
		n Korsiak of Debtor 1							
	Date June 3,								
		ed line 14a, do NOT fill out or file	Form 122A-2						
	•	ed line 14h, fill out Form 122A-2							

Official Form 122A-1

Kathleen Korsiak

Debtor 1

Case 8-19-74032-las Doc 1 Filed 06/03/19 Entered 06/03/19 14:27:35

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

	Easte	ern District of New Yor	k	
In r	e Kathleen Korsiak	Debtor(s)	Case No.	7
		Debtor(s)	Chapter	
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy.	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	2,120.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due		\$	2,120.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are meml	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to re-	nder legal service for all aspect	s of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. [Other provisions as needed] Negotiations with secured creditors to represent a reaffirmation agreements and application specifically (2)(A) for avoidance of liens on hour 	ement of affairs and plan which rs and confirmation hearing, an educe to market value; exc ns as needed; preparation	n may be required; and any adjourned hear emption planning;	rings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
_	June 3, 2019	/s/ Donald Neidh		
i	Date	Donald Neidhard Signature of Attorne		
		Neidhardt Law	•	
		3579 Bayview St		
		Seaford, NY 1178 (516) 809-7900 F	i3 [:] ax: (866) 694-8523	3
		info@neidhardt.l		
		Name of law firm		

United States Bankruptcy Court Eastern District of New York

In re	Kathleen Korsiak		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

USBC-44 Rev. 9/17/98

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance 390 Dallas Pkwy Plano, TX 75093

Capital One Auto Finance 390 Dallas Pkwy Plano, TX 75093

Cohen & Slamowitz 109 Crossways Park Drive Woodbury, NY 11797

Cohen & Slamowitz 199 Crossways Park Drive Woodbury, NY 11797

Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

David Gallo & Assoc. 99 Powerhouse Rd 1st Hewlett, NY 11557 David Russo 15 New York Ave Massapequa, NY 11758

Fingerhut Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395

IRS - Federal Tax lien 240 Old Contry Rd. Mineola, NY 11501

Kohls/Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Midland Funding LLC APO Beneficial 8875 Aero Dr. Suite 200 San Diego, CA 92123

Mr. Cooper P.O. Box 619094 Dallas, TX 75261-9741

Nassau County Clerk 240 Old Country Rd Mineola, NY 11501

North Shore University Hospital Manhasset, NY 11030

NY State Dept of Taxation and Finance Civil Enforcement-CO-ATC Albany, NY 12227-0001 NYS Dept. of Taxation P.O. Box 5300 Albany, NY 12205-0300

Optimum By Altice 1111 Stewart Avenue Bethpage, NY 11714-3581

Portfolio Recov Assoc 140 Corporate Blvd Norfolk, VA 23502

Property Tax Consultants 125 Jericho Tpke Suite 500 Jericho, NY 11753

PSEG Long Island P.O. Box 888 Hicksville, NY 11802-0888

Rubin & Rothman LLC 1787 Veterans Highway Islandia, NY 11749

Rubin & Rothman LLC 1787 Veterans Highway Islandia, NY 11749

Smith, Carod, Levy 5036 Jericho Tpke Commack, NY 11725

Synchrony Bank/QVC Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Teachers Federal Attn: Bankruptcy Po Box 9005 Smithtown, NY 11787 Verizon P.O. Box 15124 Albany, NY 12212-5124

Water Authority of Western Nassau County 1580 Union TPKE New Hyde Park, NY 11040 Case 8-19-74032-las Doc 1 Filed 06/03/19 Entered 06/03/19 14:27:35

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S):	Kathleen Korsiak	CASE NO.:.
	Local Bankruptcy Rule 1073-2(l Cases, to the petitioner's best kno	b), the debtor (or any other petitioner) hereby makes the following disclosure by by ledge, information and belief:
[NOTE: Cases shall	be deemed "Related Cases" for p	purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case
spouses or ex-spous partnership and one have, or within 180	es; (iii) are affiliates, as defined in or more of its general partners; (v	e filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a vi) are partnerships which share one or more common general partners; or (vii) ther of the Related Cases had, an interest in property that was or is included in the
■ NO RELATED	CASE IS PENDING OR HAS BE	EEN PENDING AT ANY TIME.
☐ THE FOLLOW!	NG RELATED CASE(S) IS PEN	NDING OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTRICT/	DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:
CURRENT STATI	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Re	efer to NOTE above):
	LISTED IN DEBTOR'S SCHED F RELATED CASE:	OULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT/	DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:
CURRENT STATI	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Re	efer to NOTE above):
	LISTED IN DEBTOR'S SCHED F RELATED CASE:	OULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT/	DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer	to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDUL SCHEDULE "A" OF RELATED CASE:	E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	ls who have had prior cases dismissed within the preceding 180 days may not tired to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S A	TTORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Y	York (Y/N): Y
I certify under penalty of perjury that the within bankrup as indicated elsewhere on this form. /s/ Donald Neidhardt	tcy case is not related to any case now pending or pending at any time, except
Donald Neidhardt Signature of Debtor's Attorney Neidhardt Law 3579 Bayview Street Seaford, NY 11783 (516) 809-7900 Fax:(866) 694-8523	Signature of Pro Se Debtor/Petitioner
	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009